

Understanding Care (Warwickshire) Limited Unique Senior Care - Tithe Lodge

Inspection report

The Care Office
Tithe Lodge, Little Park
Southam
Warwickshire
CV47 0JQ

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17 April 2018

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Website: www.uniquecare.co.uk

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 17 April 2018 and was announced.

This was the first inspection of the service since its registration with us in November 2016. The service had initially registered under the brand name Home Instead Senior Care. In November 2017 the service had been renamed as Unique Senior Care.

Unique Senior Care at Tithe Lodge is registered to provide personal care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented or purchased on a shared ownership scheme, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection only looked at people's personal care service.

Unique Senior Care also provide an on-call emergency service to everyone living in the building under a separate 'well-being' arrangement with the landlord, which people pay for as part of the service charge for the shared premises.

Tithe Lodge has 75 one or two bedroom apartments. People living at Tithe Lodge share on-site facilities such as a lift, lounge, restaurant, laundry and garden. People who need support with personal care are free to choose Unique Senior Care or any other domiciliary care service as their provider. At the time of this inspection, Unique Senior Care supported 32 people, 26 of whom received support with personal care.

The service had a registered manager, however they were on temporary leave from the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was an interim manager who also managed two of the provider's other extra care services, (we refer to them as the 'manager' in our report).

People were protected from the risks of abuse because staff received training in safeguarding people and understood their responsibility to report any concerns to senior staff. Risks to people's health and wellbeing were managed.

The manager made sure there were enough suitably skilled, qualified and experienced staff to support people safely and effectively. The provider checked staff were suitable for their role before they started working for the service.

Staff worked within the principles of the MCA and supported people to have maximum choice and control of their lives. People were supported to eat and drink enough to maintain a balanced diet that met their needs

and preferences. People were supported to maintain their health.

People, relatives and staff felt well cared for. Staff understood people's needs and interests and supported them to enjoy their lives according to their preferences. Staff respected people's right to privacy and supported people to maintain their independence.

The provider and the manager demonstrated they valued care staff and promoted their learning and development. Staff enjoyed their work and were motivated to provide people with a good standard of care.

People were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences and care plans were regularly reviewed. People knew how to complain and had the opportunity to share their views and opinions about the service they received.

The provider demonstrated improvements to the quality of the care they delivered. They worked in partnership with other organisations to make sure they followed current best practice. Systems ensured good standards of care were consistently maintained for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff understood their responsibilities to protect people from the risk of harm. Risks to people's individual health and wellbeing were identified and managed and care plans explained how to minimise the risks. The provider checked staff were suitable to deliver care and support to people in their own homes.

Is the service effective?

Good ●

The service was effective. Staff were skilled and trained to meet people's needs. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and supported people to make their own decisions. People were supported to maintain their health.

Is the service caring?

Good ●

The service was caring. People, relatives and staff felt well cared for. Staff knew people well and understood their likes, dislikes and preferences for how they wanted to be cared for and supported. People told us staff were caring and respected their privacy and promoted their dignity.

Is the service responsive?

Good ●

The service was responsive. People decided how they were cared for and supported and staff respected their decisions. People were able to share their views about the service and told us they felt any complaints would be listened to and resolved to their satisfaction.

Is the service well-led?

Good ●

The service was well-led. People were happy with the quality and leadership of the service. The provider demonstrated improvements to the quality of the care they delivered. They worked in partnership with other organisations to make sure they followed best practice. They had developed systems which ensured good standards of care were maintained for people.

Unique Senior Care - Tithe Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection activity started in November 2017, when we spoke by telephone with four people who used the service. These telephone discussions were completed by an expert by experience. An expert by experience is someone who has experience of using this type of service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We used information the provider sent us in the PIR in our inspection planning.

The inspection was informed by feedback from questionnaires completed by a number of people using the service, care staff and healthcare professionals. We also reviewed the information we held about the service. This included information received from the local authority commissioners and the statutory notifications the registered manager and manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. The commissioners had no serious concerns.

During our visit to the office location on 18 April 2018, we spoke with three people who used the service, both owners of the service (we refer to the owners as the 'provider' in our report.) We also spoke with the manager, the director of people, the learning and development manager, the memory support worker, the team leader and three members of care staff including a senior member of care staff.

We reviewed four people's care plans and daily records, to see how their care was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support to meet people's needs. We reviewed records of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Is the service safe?

Our findings

People told us they felt safe using the service. Two people told us, "I trust them" and "I fell and I pressed my life line button and somebody came straight away." Everyone who used the service who responded to our survey told us they felt safe from abuse or harm from the staff. One person commented in our survey, 'I am extremely happy with the service provided to [Name]. My family feel safe in the knowledge that they are safe and receiving high quality care which is tailored to their needs.'

The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care to people in their own homes.

People were protected from the risk of abuse because staff knew to report any concerns about people's health or wellbeing to senior staff. Staff understood their responsibilities to challenge poor practice and to raise any concerns with a senior person. We found some care staff were not aware allegations of abuse should be reported to the local safeguarding authority for investigation of concerns. We looked at the provider's safeguarding policy and the content of the provider's induction training and found it did not include the local authority's adult safeguarding procedures and contact details. We discussed this with the provider, who explained care staff referred any concerns to senior office staff who would make any necessary referrals. They gave us their assurance they would update their policy and training content and ensure information about the local authority's contact details was available to care staff and people who used the service. Following our inspection visit the provider confirmed they had made information about who to contact if people had a concern available to people who used the service and to staff. Records showed concerns had been appropriately recorded and reported and action was taken by the manager to keep people safe.

There was a procedure for staff to follow to identify and manage risks associated with people's care. People's plans included risk assessments related to their individual needs and abilities. For example, risks to people's mobility, nutrition and communication were assessed and their care plans explained the equipment, the number of care staff needed, and the actions they should take, to minimise risks to people's health and wellbeing. People's risk assessments were updated when their needs and abilities changed. Care staff told us the information in people's care plans, combined with their training and support, enabled them to minimise risks to people's individual health and well-being. The manager explained how they assessed risks to people by monitoring any accidents or incidents which took place and reviewing the information to identify any patterns.

The provider had taken action to minimise risks related to emergencies and unexpected events. People's individual risk assessments included an assessment of risks related to their own homes, such as trip hazards and other environmental risks.

People told us there were enough staff because they received support when they needed it. Everyone who used the service who responded to our survey told us they felt the care staff completed all the tasks they should do during each care call. The team leader explained they worked out visit rotas to ensure there were

enough staff on duty to support people safely. The manager told us they were currently recruiting more staff and shifts were covered by existing staff. Some people commented there had been staffing issues around December 2017, when they had not been able to obtain additional support with non-essential tasks, such as social calls. One person said they thought this was a, "Hiccup due to a change of staff around that time." The manager explained this was a period when senior staff, who had now left the organisation, had miscalculated staff's annual leave. They had been unable to meet people's additional non-essential care calls, due to low levels of staff on duty at that time. However, they confirmed everyone had received their care and support calls safely during that period. People told us they received a copy of the visit rotas and they liked this because they knew which staff were going to support them.

Medicines were managed, administered and stored safely. People told us they had their medicines when they needed them. One person told us, "Staff always ask [Name] if they want their painkillers." Only trained and competent staff administered medicines. People's care plans included a list of their prescribed medicines, where they were stored in their home and explained when care staff should administer them, which minimised the risk of errors. Care staff used a medicines administration record (MAR) to record whether people took their medicines or declined to take them and the reason why they had not had them. Senior care staff checked people's medicines every week to ensure they had been administered safely in accordance with people's prescriptions and care plans. Where any errors were identified, senior staff took action to make sure any risks to people's well-being were reduced.

Everyone who used the service who responded to our survey told us they felt the care staff did all they could to prevent and control infection. One person said, "Staff use aprons and gloves when they support [Name] and they wash their hands." Care staff told us they received training in infection prevention and control and food hygiene. Staff felt confident they knew how to reduce risks of cross infection and how to ensure foods were safe to eat. People told us care staff always left their premises clean and tidy.

Is the service effective?

Our findings

Everyone who used the service who responded to our survey told us their care staff had the skills and knowledge to give them the care and support they needed. All staff received an induction, training and support that gave them the skills and confidence to meet people's needs and promote their welfare. The provider told us they attended every induction and shared their experiences of care with their new staff. The induction training included the Care Certificate. The Care Certificate provides staff with a set of skills and knowledge that prepares them for their role as a care worker. This demonstrated the provider was acting in accordance to nationally recognised guidance for effective induction procedures to ensure people received good care. There was an electronic social forum to support new staff and to help them get to know their colleagues.

Care staff told us they felt confident in their skills because they had time to get to know people well and had training that was relevant to people's needs, for example dementia awareness. Staff were positive about training. One carer told us, "I enjoy training." They explained they had recently attended customer care training facilitated by the provider and had found it useful. The provider explained they had recently started to offer care staff cookery lessons if they wished. This was to help improve the standard of care people received, following feedback from people regarding some care staff's food preparation skills.

We found not all care staff had received training from appropriate health professionals, to support people with their specific needs. For example, not all staff had received training in catheter care. Some staff told us they had received training from other members of staff during care calls. We discussed this with the provider who gave us their assurance they would secure further training to ensure all care staff could support people effectively with this need.

Staff told us they felt supported by the manager and senior staff, to develop within their roles and study for nationally recognised care qualifications. All staff told us they had regular meetings with senior staff to discuss their work and identify any areas for development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We found staff and the manager understood their responsibilities under the MCA. The five principles of the MCA were printed on the reverse of their staff badge, as a reminder of the importance of people being supported to make their own decisions. People were encouraged to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People told us staff asked for consent before providing them with assistance and support and respected the

decisions they made. On the day of our inspection visit we saw care staff asked for people's consent before supporting them. For example, care staff knocked on people's front doors before entering.

Some people received food and drinks prepared by care staff. One person told us, "Staff make sure I have a drink handy. They leave cold drinks and make my coffee the way I like it." Care staff told us people's care plans included a list of their needs, any allergies and any cultural or religious preferences for food. Staff told us they knew people's individual requirements and made sure people were supported with food and drink, in a way that met their needs. One care worker said, "We ask people what they would like. We tell them what they've got and then they can choose what to eat." Care staff supported people to the onsite restaurant if they wished.

Care plans showed detailed guidance for staff about how to recognise changes in people's health and what action to take to maintain their well-being. Staff were observant to changes in people's health, appetite and moods. Records showed staff ensured people were supported to obtain advice and support from a GP and other healthcare professionals to maintain their health and independence. Staff updated people's care plans with any new healthcare advice, to make sure all staff knew about changes in how the person should be supported safely and effectively.

Is the service caring?

Our findings

Everyone who used the service who responded to our survey told us they were happy with the care and support they received. They told us care staff were caring and kind and they were involved in decision-making about their care and support needs. Two people told us, "I have fun with the carers, they are nice, caring people" and "I love it here because everyone is friendly. It's like a family."

The aim of the provider's service was, 'We understand that every person is unique, therefore our service will reflect the individual needs of our clients, whatever they may be.' The provider told us they were in the process of producing a client charter to give people more information about their service and they had involved people who used the service in developing this. Staff shared this caring ethos. One care worker told us, "It's about what the person prefers, it's all about them."

Staff told us they were supported by the provider through their supervision process, to give people care in a way that had a positive impact on them. Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development. All the staff we spoke with enjoyed their work and were motivated to provide people with high standards of care. A member of care staff explained, "I love working here, the atmosphere is lovely, the clients are happy and they are getting the care they need." New staff were provided with support from the provider's human resources team, who made regular 'keeping in touch' telephone calls to check if staff had any concerns. Care staff told us they valued these calls as it helped them at the start of their role. The learning and development manager explained how they supported staff with different needs. They told us they had raised awareness of mental health issues across the provider's services, by organising social events for staff, where information was shared in an informal setting. They found this had been successful and some staff had subsequently obtained independent support to improve their wellbeing.

People told us staff knew how they preferred their care. One person explained if they were having a 'lie in', care staff would not disturb them, but would return to support them later. People's care plans recorded how they would like to be cared for and supported. Staff told us they read people's care plans and knew about people's preferences and were able to support people in the way they preferred. A member of care staff said, "I read through all the details, it's a good way of starting conversations with people I support." Care plans included information about people's religion, culture, family and significant events. A healthcare professional told us how staff supported one person. They said staff had, "A very person centred approach and knew [Name] well and knew their needs."

Staff told us they had training on equality and diversity issues and were confident they could support people to maintain their individual beliefs, including cultural or religious traditions. Staff understood some people might need particular support to make them feel equally confident to express themselves. One carer told us, "It's about respecting people's different beliefs and being open minded."

Records showed people had not been asked about all their protected characteristics when they were reviewed by the manager, such as their sexuality. We discussed this issue with the manager and the provider

and they explained they were in the process of considering how equality and diversity issues affected the service they provided and were looking at ways to ensure they gathered important information about people, to improve the way they supported them.

Staff understood the importance of treating people with dignity and respect. One person told us, "The staff protect my dignity. At first I didn't want help to wash, but they are very nice, they don't look or stare."

Is the service responsive?

Our findings

People told us they were happy with the care and support staff provided. One person told us, "Staff are good at taking care of all our needs."

People told us they were asked for their views and were fully involved in planning their care and support. The manager told us how people were initially assessed before they first used the service and asked how they would like to receive their care. Staff explained they visited people every three months for a chat and to ask for their opinions on the standard of the service. Staff said they passed on any information to senior staff and people's care plans were updated with any changes to their needs. Care staff told us they also updated people's care plans and added details people had shared with them. One member of staff gave an example where they had amended one person's mealtime routine, so information was shared with other care staff and this helped improve the person's wellbeing.

Care plans were personalised, easy to understand and included details of how staff could encourage people to maintain their independence and where possible, make their own choices. A member of care staff said, "I make sure I go from the care plan and ask people what they want." We saw there was clear guidance for staff about how to support people with their identified needs. We saw a health professional had commented on the quality of one person's care plan and said, 'I note you have tweaked the care to make the most of services [Name] receives and this very much improves their wellbeing through social interaction.'

The provider worked in partnership with the local commissioners of care and the landlord of Tithe Lodge, to provide an on-site 'memory support service'. The memory support service ensured changes in people's ability to remember were assessed by an experienced professional promptly. The provider told us this enabled people to maintain their independence wherever possible and be supported to have access to social contact and stimulation. If staff had any concerns about people's memory, or noticed they were confused, they referred them to the memory service. The memory support worker discussed the concerns with the person, their staff and the families to identify strategies and techniques to enable the person to continue to live independently for as long as possible. They were able to signpost people to external support services and put plans in place to support the person at home. A member of care staff explained how valuable they found the service. They said, "We share information with the support worker about clients they are working with and they let us know how we can support these clients better."

We found the memory support service had improved the quality of some people's lives. For example, we spoke with one person's relative who had used the service. They told us the memory support worker was involved in the review of their family member's care. They said, "[Name] has been brilliant and suggested some helpful adaptations, for example, a clock with big numbers and the date. I've gone to [Name] for help and they made suggestions to support me." Care staff explained how they helped to reduce the person's anxiety and loneliness by following the advice from the memory support worker. This demonstrated the memory support worker had helped to improve both the person and their relative's well-being.

The manager told us, if people needed care at the end of their life, they would work with healthcare

professionals and the person's family, to make sure the person received the support they needed. We found staff had not received specific training in this area and there was no advanced planning included in people's care records. The manager told us this was an area for development and they would review people's care plans where appropriate. They told us training was available in this area for care staff who required it.

Everyone who used the service who responded to our survey told us staff were responsive to any complaints or concerns they raised. One person told us, "If I had a problem I'd soon report it." A relative said, "Staff in the care office listen, they are very good." Staff understood the complaints process and knew how to support people if they had a concern. The provider's complaints policy was accessible to people in their own homes. The manager confirmed there had been four concerns and complaints dealt with in the last 12 months. Records showed these had been dealt with in accordance with the provider's policy and to the complainant's satisfaction. Eleven compliments had been received in the last 12 months. One relative had complimented the provider on the standard of care received from a particular member of staff. The manager explained compliments were shared with staff straight away to recognise good practice.

Is the service well-led?

Our findings

People were happy with the quality of the service. One person told us, "I love this place, they do anything for me here." Eighty-eight per cent of people who used the service who responded to our survey, told us they would recommend this service to another person.

One member of staff told us, "The service is run well and communication is quite good." The provider had developed a positive culture at Tithe Lodge. Their values were person-centred and made sure people were at the heart of the service. All the staff we spoke with understood their roles and responsibilities and felt supported and motivated by their senior staffs' leadership. Staff told us the manager visited the service on regular days and they were encouraged to share information about the service so they could continually identify ways to improve the quality of care for people. Staff told us they used regular staff meetings to share information and best practice.

The service had a registered manager, however they were on temporary leave from the service. The interim manager was aware of their responsibilities whilst acting as registered manager and had provided us with notifications about important events and incidents that occurred at the service. They notified other relevant professionals about issues where appropriate, such as the local authority.

The provider had demonstrated improvements to the quality of care they delivered, following feedback from a previous inspection of another of their services. This included a change to the way they engaged with people to obtain their views of the quality of the service and how they shared this information with people. People had been given a new opportunity to share their experiences of the service by completing a survey and attending meetings. We saw the results of the customer quality survey completed in December 2017 were mainly positive. Some people had concerns they had not been contacted when care staff were delayed. The manager explained what action they had taken to address these concerns and how they had included staff to ensure improvements were made. The provider shared the results of the survey and improvements they intended to make at their first meeting with people who used the service in January 2018.

There were systems in place to monitor and improve the quality of service. These included checks of the quality of people's care plans and medicine records and monitoring of events, by senior care staff. Monthly analysis and action plans were shared with the manager, which enabled them to maintain oversight, identify any emerging patterns or trends and assure themselves that appropriate action had been taken to ensure people received consistently safe and effective care. The manager demonstrated their commitment to ensuring they delivered good quality, person centred care. They explained they used the information from the checks to feed into their 'continuous improvement plan'. This was an action plan the manager used to, "Continually improve the service and be client led and person centred." We found required identified actions were completed in a timely way.

The provider worked in partnership with other organisations to make sure they followed current practice and provided a good quality service. For example, they were members of an organisation who provided

advice on employment law which helped to protect and promote staff's rights in the workplace. The provider had signed up to be a Disability Confident Committed Employer, in April 2018. This meant they had made a commitment to be inclusive and accessible to people with disabilities and to support them in the workplace.

The provider proactively researched new opportunities to support people effectively and to work in partnership with other agencies and healthcare services. For example, they had identified a new piece of equipment which would help people if they fell, but were unable to get up independently. The equipment could support people's dignity, as they would not have to stay on the floor while they waited for emergency assistance, and could reduce the number of times people needed support from the ambulance service.